CALIFORNIA AIR NATIONAL GUARD VOLUNTARY PHYSICAL FITNESS PROGRAM

STATEMENT OF UNDERSTANDING AND LIABILITY
I,, (Name) acknowledge and agree to the following conditions:
a. With my supervisor's approval, I may take part in a voluntary physical fitness program, during duty hours, for a maximum of three hours per week.
b. This program is unsupervised and I am under no obligation by the California Air National Guard to participate.
c. It has been recommended that I consult with a physician prior to participating in this program.

- d. Medical coverage and compensation for any injuries I may incur as a result of this exercise program would depend on a ruling from the appropriate Worker's Compensation office.
- e. If injury or death should occur due to my participation in an exercise program after the end of the normal duty day, I will <u>not</u> be covered by the Federal Employees Compensation Program (civil service employees only).
- f. I will conduct my exercise program in such a manner as to insure that I begin and end the exercise period at the work site.
- g. I will begin and end my exercise period within the time period allowed. This includes all time for changing clothes, traveling to and from the exercise site, actual exercising, showering, and any other tasks concerning participation in the program.
- h. I will sign in and out at the beginning and end of each exercise period.
 - i. I will primarily use my own equipment and clothing.
- j. I understand the establishment of this program by the Air National Guard is voluntary and the continuation of it will not be construed as establishing a past practice or condition of employment.
- $k.\ \mbox{Times}$ and locations of exercise must be approved by my immediate supervisor.
- 1. My supervisor may temporarily suspend this program due to mission or work load requirements.
- m. The Adjutant General may terminate or modify this program at any time.
- n. If I abuse this program, I will be subject to disciplinary action and/or have my exercise privilege revoked.

(Date)	(Employee Name and Signature)